



# SAFE SUPPLY 2019

## CONFERENCE INFORMATION PACKAGE



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## 1 – Introduction

New Leaf Nanaimo, with gracious assistance from the BC / Yukon Association of Drug War Survivors, is excited to announce **Safe Supply 2019** – *a conference focused on real solutions to mass overdose death* – occurring at Poet's Cove on Pender Island, October 17<sup>th</sup> through October 19<sup>th</sup>.

It is our mandate that this conference support people who use drugs in resolving the current crisis of prohibition and the ongoing wave of mass overdose death that is smothering the province of British Columbia. By engaging in peer driven discourse around counter power to the regime of prohibition and the crisis of variability in the drug supply, we will help people who use drugs understand various models that could assist them in establishing safer supply channels in communities which may have varying openness to harm reduction.

This province-wide conference will provide practical wisdom that will continue to inform and inspire people who use drugs in a meaningful way, and increase their capacity to initiate safe supply projects. We will bring together peer leaders from across the province, as well as health service providers and other community partners that already have an understanding of the importance of safe supply, to discuss the nuances of the subject. Although the establishment safe supply may seem like a medical issue of paramountcy in the face of the ongoing wave of death, some barriers must be overcome and some issues remain to be addressed. Our ultimate goal is to give people who use drugs hopes that things may actually get better in the face of ongoing genocide.

### *I – Background*

As 4 people die a day in BC from the variability of its drug market, caused primarily by the introduction of stronger and stronger opiates, we need to reconsider our approach to drug policy and the impacts of prohibition. The current variability in the content and purity of illicit stimulants and opiates, due to a lack of stability in their supply chain, is placing many drug users at risk of opiate overdose and death. Drug users, and healthcare professionals, are advising a response to this issue via what is called a **safe supply of drugs**. This means that drug users would be able to buy drugs with a known purity and content to avoid overdose death from unpredictable opiate contents in their drugs.

However, the lack of commitment from all levels of government to real and concrete policy change around how our society treats licit and illicit stimulants and opiates has done nothing but further commit drug users to the grim prognosis of death. Although we recognize the need for a full continuum of care, existing abstinence based options, and substitution treatments, such as Injectable Opiate Agonist Therapy (IOAT), have done nothing to quell the absolute rate of overdose death that continues to rock the province. Existing, medical models of safer licit drugs do not offer people who use drugs the euphoric highs that they can achieve with street drugs, and therefore many people return to the illicit market for their drugs. More than 10,000 Canadians died from

opioid overdoses in less than 3 years, and yet individuals are still not allowed to safely acquire drugs in a regulated way from a dependable source.

## *II – Divides and Misunderstanding: Internally and Externally*

The issue of safe supply remains contentious, even within circles of people who support it. People who use drugs do not agree on what safe supply means and there is also friction between people who use drugs and medical professionals around how safe supply programs should be run. Our conference hopes to address three primary divisions between our attendees:

1. First, there is misunderstanding around the reasons people use drugs. People use drugs for a multiplicity of reasons (e.g. drug use feels good) and not solely as a coping mechanism for lived trauma. To believe there is one root cause for drug use, which should be treated as a disease and cured, is a fallacy of reduction. The idea that drug use is inherently wrong, or that drug users are broken or problematic, is even held by drug users themselves, primarily due to internalized stigma.
2. Second, there is a trust issue between people who use drugs and groups that have no ethical grounding in active lived experience of drug use (i.e. many medical professionals). Drug users feel they have more expertise about drug use and ways to reduce risk. However, health authorities and various colleges generally do not want to support projects that they believe “enable addiction”, and therefore squash many ideas which are grounded in individual lived experience.
3. Last, a key divide exists between people who support the addictions model of medicine (they posit that drug use is inherently bad and support treatment style interventions) and those who support trauma-informed existential care (they believe substance use is not fundamentally problematic and support ultra-low barrier interventions).

Although, we understand that our attendees may not leave our conference in full agreement, the primary outcome we seek from this conference is an increased capacity in all the participants to be able listen to each other, and further community interconnectedness around the topic of safe supply. If health professionals take peer voices more seriously after the conference and are willing to connect and dialogue with peers, or if peers are more willing to work with each other despite their differences, or if peers are more willing to work with health professionals despite past injustice and harm, we will consider the conference a success. A massive obstacle to the creation of safe supply projects are invested parties’ unwillingness to work with and listen to each other, both because of historical trauma and because of social stigma. If, by focusing on centring peer voices, we are able to bring parties together so they can see each others viewpoints and structural barriers in a different light, we believe we can start to build increasingly important networks in the face of mass overdose death. Although our

ultimate goal is to create safe supply projects that serve the needs of our communities, we feel like a first step in the right direction is creating and mending relationships and understandings of each other.

## 2 – Draft Agenda

*Friday, October 18*

<u>Agenda Item</u>	<u>Description</u>
<b><u>Breakfast</u></b> 9:30 – 10:00 AM	Yummy breakfast for attendees in the morning. Many options for folks with dietary restrictions.
<b><u>Land Acknowledgment (or Welcome)</u></b> 10:00 – 10:30 AM	Indigenous elder to welcome conference attendees.
<b><u>Introduction</u></b> 10:30 – 11:00 AM	MC to introduce the event and to give an outline of day's events. The MC will also give a brief introduction to what safe supply is, and why it is important for peers unfamiliar with the term.
<b><u>Plenary Panel Discussion 1</u></b> 11:00 AM – 12:00 PM	Plenary panel discussion on models of licit options for safe supply driven by medical professionals.
<b><u>Lunch Break</u></b> 12:00 – 1:00 PM	Break for yummy catered lunch time. Many options for folks with dietary restrictions.
<b><u>Plenary Panel Discussion 2</u></b> 1:00 PM – 2:00 PM	Peer driven plenary panel discussion on options for peer driven and illicit models of safe supply.

<p><b><u>Group Discussions</u></b> 2:00 – 3:30 PM</p>	<p>Breakout table discussions by health region on what can be done to initiate safer supply. Health professionals will be at their own table separate from peers. Roundtable discussions will focus on the various elements of the conceptual frameworks that were presented in the first half of the session.</p> <p>Topics may include:</p> <ul style="list-style-type: none"> <li>• Setting up establishments/dispensaries to distribute safe supply through established drug user groups and established OPS sites (e.g. Insite).</li> <li>• Encouraging peers to talk about sharing ideas, what is working, what is not working, and what could make things work more effectively and efficiently.</li> <li>• Connecting people who have worked on establishing drug-buyer clubs, or who have begun to initiate safe supply channels within their communities, to people who are interested in developing their own community-specific models for ‘Safe Supply’.</li> <li>• Supporting existing peer networks for supply distribution and developing safe supply distribution in pre-existing peer networks.</li> <li>• Discussion on how to promote the growth of a “verified dealer” model.</li> <li>• Discussion on how to include stimulants and more extreme opiates (fentanyl) in projects.</li> </ul>
<p><b><u>Afternoon Break</u></b> 3:30 – 3:45 PM</p>	<p><i>Break</i></p>
<p><b><u>Group Presentations</u></b> 3:45 – 4:45 PM</p>	<p>Peers to present to larger peer group about what was discussed. Health professionals to remain at their own table and continue discussion.</p>
<p><b><u>Meeting Closure</u></b> 4:45 – 5:00 PM</p>	<p>Meeting closure by conference MC so that folks can leave the conference’s first day with a sense of purpose and closure.</p>

Saturday, October 19

<u>Agenda Item</u>	<u>Description</u>
<b><u>Breakfast</u></b> 10:00 – 10:30 AM	Yummy breakfast for attendees in the morning. Many options for folks with dietary restrictions.
<b><u>Introduction/Welcome Back</u></b> 10:30 – 11:00 AM	MC to re-introduce the event and to give an outline of day's events.
<b><u>Plenary Panel Discussion 1</u></b> 11:00 AM – 12:00 PM	Plenary panel discussion on legal frameworks that restrict licit safe supply and the legal ramifications of running illicit safe supply projects.
<b><u>Lunch Break</u></b> 12:00 – 1:00 PM	Break for yummy catered lunch time. Many options for folks with dietary restrictions.
<b><u>Plenary Panel Discussion 2</u></b> 1:00 PM – 2:00 PM	Plenary panel discussion on community organizing and keeping folks safe while overdose death continues.
<b><u>Community Forum</u></b> 2:00 – 4:00 PM	<p>Community forum, featuring round table discussion of models discussed during previous day with all attendees present at tables. Actionable items will be decided during this session.</p> <p>Topics may include:</p> <ul style="list-style-type: none"> <li>• Discussions on how to move forward to set up safe supply projects and the applications and exemptions that must be sought to do so.</li> <li>• Legal input from PIVOT on safer supply frameworks.</li> <li>• Identification of the barriers to initiating “Community Based Peer Developed Models for Safe Supply Distribution”.</li> <li>• Discussion on the degree to which medical professionals can provide assistance to drug user</li> </ul>

	<p>groups in initiating the proposed peer developed models.</p> <ul style="list-style-type: none"> <li>• Development of channels of assistance for applying for Section 56 exemptions and special access permits.</li> <li>• Conversation in relation to funding to build capacity of peer run drug user groups to adequately provide peer run harm reduction, overdose prevention and safe supply distribution services.</li> <li>• Establishment of meetings in respective communities to ensure that these conversations continue with the goal of practical application of “Community Based Peer Developed Models for Safe Supply Distribution”.</li> <li>• Discussion on how to protect initiatives, in particular peer run and driven safe supply channels, that may have already been initiated.</li> </ul>
<p><b><u>Afternoon Break</u></b> 4:00 – 4:15 PM</p>	Break
<p><b><u>Group Discussions</u></b> 4:15 – 4:45 PM</p>	Peer debrief session on discussions; separate healthcare professional debrief session
<p><b><u>Meeting Closure</u></b> 4:45 – 5:00PM</p>	Meeting closure by conference MC so that folks can leave the conference’s second day with a sense of purpose and closure.
<p><b><u>Social with Dinner</u></b> 5:00 – 6:00PM</p>	Yummy catered dinner time and group social. Many options for folks with dietary restrictions.

### 3 – List of Confirmed Speakers

**Coco Culbertson:** Senior Manager of Programs, Portland Hotel Society  
-Medical Safe Supply Panel

**Dr. Scott MacDonald:** Lead Physician, Crosstown Clinic  
-Medical Safe Supply Panel

**Dr. Mark Tyndall:** Professor, UBC's School of Population and Public Health  
-Medical Safe Supply Panel



**Erica Thomson:** Peer Coordinator, Harm Reduction Program Fraser Health  
-Illicit Safe Supply Panel

**Dana Larson:** Political Activist, Sensible B.C.  
-Illicit Safe Supply Panel

**Jordan Westfall:** Executive Director, Canadian Association for Safe Supply  
-Illicit Safe Supply Panel

**Donald MacPherson:** Executive Director, Canadian Drug Policy Coalition  
-Legal Frameworks of Safe Supply Panel

**Bruce Wallace:** Associate Professor, University of Victoria School of Social Work  
-Legal Frameworks of Safe Supply Panel

**Caitlin Shane:** Staff Lawyer – Drug Policy, PIVOT Legal Society  
-Legal Frameworks of Safe Supply Panel

**Garth Mullins:** Drug User Activist, Crackdown Podcast  
-Community Organizing and Safety Panel

**Samantha Pranteau:** Program Coordinator, Tenant Overdose Response Organizers  
-Community Organizing and Safety Panel

**Oona Krieg:** Chief Operating Officer, Brave Co-Operative  
-Community Organizing and Safety Panel

## 4 – Accommodations

We are happy to announce that *Safe Supply 2019* has partnered with Poet's Cove to facilitate this year's conference.

Situated within a secluded bay on Pender Island, Poet's Cove is a world-class resort in the Southern Gulf Islands. Part of the uniquely West Coast Gulf Island archipelago, Poets Cove on Pender Island is the perfect escape. Just a short ferry, boat or seaplane ride away from



Vancouver, and Victoria, Poet's Cove exists in a small island oasis set in the secluded Bedwell Harbour bay.

Despite the intense nature of conferences, attendees of Safe Supply 2019 will be able to enjoy some time away from the busy front-line work they are committed to, and will be able to enjoy the serene nature of the island, which we hope will offer some refuge from conventional stressors on mental health. Conference attendees will be able to enjoy a beautifully designed West Coast lodge which boasts stunning ocean views and sunsets, and the opportunity to relax on private patios or balconies in their rooms, villas, or cottages. Moreover, attendees will have the opportunity to room communally and individually, and it is our hope that a diverse range of accommodations will provide increased safety amongst people using drugs. The comfort and safety of our conference attendees is our utmost priority.

Full catered meals will be provided for all of our conference attendees ranging from breakfast in the morning, lunch during conference breaks, and communal barbeque in the evening.

Furthermore, other events will be planned for conference attendees in the evenings, ranging from travel around Pender Island itself, to indigenous cultural events, to community film nights. More information will be available closer to the dates of the conference.

### *I – Harm Reduction*

It is our pleasure to announce that full harm reduction will be offered during the duration of the conference, including overdose prevention services for people who use drugs that are attending the conference. This will include a full range of harm reduction supplies, and a substance use navigator available for those who may be using while attending the conference. Conference organizers are also committed to ensuring folks who are in recovery have a place to decompress with each other, due to some of the potential triggers that may be inherent in the matters discussed.

Staff at Poet's Cove have been trained on naloxone and understand the nature of this conference and will treat individuals who use drugs with the utmost respect. Should any issues arise, please contact conference organizers immediately with your concerns.

### *II – Accessibility*

Upon acceptance of your offer to attend the conference, organizers will ensure that flights and rides to Pender Island are secured.

For anyone unable to afford accommodations or travel, arrangements will be made prior to the conference to ensure your attendance. Conference organizers ask that if you are a medical professional, or work for an institution that can provide funding for you to attend, that you attempt to do so before asking for assistance.

## 5 – Community Partnerships

This conference is entirely peer organized, and will be entirely peer led, developed, and facilitated. Representatives from the following institutions are currently working together to ensure the success of the conference on weekly teleconference calls:

1. New Leaf Nanaimo Outreach
2. PIVOT Legal Society
3. BC and Yukon Association of Drug War Survivors
4. The Coalition of Peers Dismantling the Drug War
5. The Tenant Overdose Response Organizers
6. The British Columbia Centre on Substance Use
7. The Coalition of Substance Users of the North
8. Vancouver Action Network of Drug Users

We also have confirmed attendees from the following organizations:

1. BC Association of People on Methadone
2. Crackdown Podcast
3. Portland Hotel Society
4. SOLID Outreach Victoria
5. Western Aboriginal Harm Reduction Society
6. The Canadian Drug Policy Coalition
7. Sensible BC
8. Brave Technology Cooperative

Further, we are hoping to include folks from the following institutions in our conversations:

1. Canadian Association of People Who Use Drugs
2. Crosstown Clinic
3. The University of Victoria
4. UBC School of Population and Public Health
5. The British Columbia Centre for Disease Control
6. First Nations Health Authority
7. The Rural Empowered Drug User Network

## 6 – Funding

We are currently in the process of finalizing funds for the conference. If you, or a group you are involved with can commit any amount of funding to the cause, please follow up directly with the conference organizer, Eris Nyx. She can be contacted via email at [safesupply2019@gmail.com](mailto:safesupply2019@gmail.com) or via phone at 604 313 6557.

For transparencies sake, a full conference budget has been attached as *Appendix B*.

## Appendix A – Dialogic Approaches

As this conference will focus on the complex nuances of the subject of safe supply, which is fraught with disagreement and fissures, we intend on using several dialogue tools throughout the conference to allow our participants to see each others positions in the clearest way. These include but may not be limited to:

1. **Shared meals throughout the day with informal group dialogue.** Eating together gives folks the opportunity to discuss meaningful topics in an informal way, and will allow individuals with different viewpoints time to talk with no formal or set agenda. We hope other discussions throughout the day will act as the foundation for dialogue during meals.
2. **Breakout talking circles.** We intend to have breakout sessions through out both days of the conference where peer facilitated talking circles will allow everyone to voice their opinions in a way that promotes listening and allows folks to delve deep into the topic at hand.
3. **Collaborative drawing and mind mapping.** We also intend on having our breakout circles engage in collaborative drawing/mind-mapping activities. This type of collaborative activities mean that folks not only have to build off each other, but that they will have the opportunity to express ideas that may normally not during formal talking sessions.
4. **Community forum.** Finally, we intend on having a community forum towards the end of the conference with all involved parties. This forum will build on ideas generated in our other activities, but to prevent those with more power quashing drug users we intend on shifting power dynamics in order to “level the playing field” in a humanist way by having all of our discussions being peer lead and oriented.

## Appendix B – Draft Budget

Item	Cost	Total
<b>Peer Stipends</b>		
<i>Honorariums for PWUD</i>	\$100/day x 2 days x 40 PWUD	\$8,000
<b>Hotel Rooms</b>		
<i>Hotel rooms for PWUD</i>	\$187.50 /day x 3 days x 30 PWUD	\$16,875
<i>Hotel rooms for PWUD Speakers</i>	\$187.50 /day x 3 days x 10 Speakers	\$5,625
<b>Travel</b>		
<i>Flights for peers from NHA</i>	\$1000 x 5 PWUD	\$5,000
<i>Flights for peers from IHA</i>	\$1000 x 5 PWUD	\$5,000
<i>Flights for peers from FHA</i>	\$500 x 2 PWUD	\$1,000
<i>Flights for peers from VCH</i>	\$500 x 2 PWUD	\$1,000
<i>Ferry Costs</i>	\$200 x 10 Cars	\$2,000
<b>Catering</b>		
<i>3 meals per day for conference attendees</i>	\$7,000	\$7,000
<b>Venue Booking</b>		
<i>Conference rooms at Poet's Cove</i>	\$750 x 2 days	\$1,500
<b>Conference Coordinator</b>		
<i>Payment for coordinator</i>	\$2,600	\$2,600
<b>Indigenous Elder Honoraria</b>		
<i>Payment for elder</i>	\$200	\$200
<b>Administrative Incidentals</b>		
<i>Printing, writing supplies, etc.</i>	Lump sum	\$2,000
<b>Grand Total</b>		<b>\$57,800</b>